## SCHEDULE B (FEC Form 3X)

| SCHEDOLL B (I LOT OHII 3X)  | Use seperate schedule(s)                          |        | OR LIN      |           |                      |   | [ P            | 4      |          |           |  |  |
|---|---|--------|-------------|-----------|----------------------|---|----------------|--------|----------|-----------|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page |        | 21b<br>27   | 22        | 2 X                  | 23<br>28b                               | 24<br>28c      | $\Box$ | 25<br>29 | 26<br>30b |  |  |
| Any Information copied from such Reports and Stater                               |   |        |             |           |                      |   |                |        |          |           |  |  |
| or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full) | e and address of any political co                 | OHIIII | illee lo    | SOIICIL C | ontribu              | tions ire                               | om sucm        | COMM   | iittee   |           |  |  |
| American Association of Nurse Anesthetis  | ts Separate Segregated Fu                         | und    | (CRNA       | -PAC)     |                      |   |                |        |          |           |  |  |
| Full Name (Last, First, Middle Initial)   |   |        |             | Tra       | ansac                | tion ID:                                | 259275         | 509    |          |           |  |  |
| A. Republican National Committee  |   |        |             |           | Date of Disbursement |   |                |        |          |           |  |  |
| Mailing Address 310 First Street, SE  |   |        |             |           | 5                    | 1                                       | <sup>D</sup> / | 2      | 0 ŏ 7    |           |  |  |
| City  |   |        |             |           |                      | Amount of Each Disbursement this Period |                |        |          |           |  |  |
| Washington Purpose of Disbursement  | 20003   |        |             | - [       |                      |   |                | 15     | 0.000    | 0         |  |  |
| Annual Contribution   |   | 0      | 11          |           |                      |   |                |        |          |           |  |  |
| Candidate Name  |   |        | gory/<br>pe |           |                      |   |                |        |          |           |  |  |
| Senate President  | ement For: Primary General Other (specify)        |        |             | An        | nual (               | Contrib                                 | oution         |        |          |           |  |  |
| State: District:  |   |        |             |           |                      |   |                |        |          |           |  |  |
| Full Name (Last, First, Middle Initial)  Rely On Your Beliefs PAC                 |   |        |             |           |                      | t <mark>ion ID:</mark><br>Disburse      | 259275         | 513    |          |           |  |  |
| ·   |   |        |             |           | и м                  | / D                                     | D /            | Y Y    | 0 ŏ 7    | Υ         |  |  |
| Mailing Address 1736 East Sunshine, #9  |   |        |             |           | 5                    |   | 4              | ^      |          |           |  |  |
| City<br>Springfield   | State Zip Code MO 65804                           |        |             | Ar        | nount                | of Each                                 | Disburs        | ement  | this P   | eriod     |  |  |
| Purpose of Disbursement   |   |        |             |           | 2500.00              |   |                |        |          |           |  |  |
| Annual Contribution   |   | - 1    | 11          |           |                      |   |                |        |          |           |  |  |
| Candidate Name  | '   |        | gory/<br>pe |           |                      |   |                |        |          |           |  |  |
| Office Sought:    House   Disburs     Senate   President     State: District:     | ement For: Primary General Other (specify)        |        | •           | An        | nual (               | Contrib                                 | oution         |        |          |           |  |  |
| Full Name (Last, First, Middle Initial)   |   |        |             | т.,       |                      | lian ID.                                | 259274         | 100    |          |           |  |  |
| Stupak For Congress   |   |        |             |           | Disburse             |   | 199            |        |          |           |  |  |
| Mailing Address 4101 Michigan Shores Dr   |   |        |             | C         | 5 M                  | / D 1                                   | <sup>D</sup> 4 | ž<br>Ž | 0 ŏ 7    | Y         |  |  |
| City<br>Menominee   | State Zip Code<br>MI 49858                        |        |             | Ar        | nount (              | of Each                                 | Disburse       | ement  | this Po  | eriod     |  |  |
| Purpose of Disbursement Candidate Contribution 011                                |   |        | 7 L         |           |                      |   | 3              | 0.000  | 0        |           |  |  |
| Candidate Name Category/<br>Bart Stupak Type                                      |   |        |             |           |                      |   |                |        |          |           |  |  |
|   | ement For: 2008 Primary General Other (specify)   |        |             | Ca        | ndida                | te Cor                                  | itributio      | n      |          |           |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                    |   |        | •           |           | •                    | •                                       |                | 205    | 0.00     | 0         |  |  |
|   |   |        |             |           |                      |   |                |        |          |           |  |  |
| <b>TOTAL</b> This Period (last page this line number only                         |   |        | •           |           |                      |   |                |        |          |           |  |  |